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2019

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Recommended Citation

Bails, Morgan; Larkin, Tricia; and Beck, Ann, "Differentiated Social Skills Curriculum for Individuals with Cognitive Impairments" (2019). *Graduate Independent Studies - Communication Sciences and Disorders*. 23.

<https://ir.library.illinoisstate.edu/giscsd/23>

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Differentiated Social Skills Curriculum for Individuals with Cognitive Impairments

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An Independent Study Submitted in Partial Fulfillment of the Requirements for the
Degree of

MASTER OF SCIENCE

Department of Communication Sciences and Disorders
ILLINOIS STATE UNIVERSITY
Fall/2019

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Date

Introduction

While communication may seem simple and inherent to many individuals while interacting with family, friends, or co-workers, communication may be more challenging for individuals with cognitive impairments. Whether the difficulty is related to expressive language, receptive language, semantics, pragmatics, etc., any deficits in these areas can create difficulty for individuals while socializing with others in their environment. Social skills intervention for individuals with cognitive impairments is imperative so that these individuals are able to communicate as effectively as possible in numerous settings with various communication partners. Individuals with Autism Spectrum Disorder (ASD) may have difficulty with social skills in particular and benefit from this type of therapy. Additionally, individuals with Down Syndrome may also obtain valuable social skills through this therapy. Individuals who have many conditions with co-occurring cognitive impairments can benefit from social skills therapy. There are many important considerations involved in teaching social skills to these individuals, as well as various methods of teaching and presenting information which lead to effective learning. Overall, these individuals have the right to receive this specific therapy from speech-language pathologists to promote the best quality of life for the individual while increasing and maintaining social interaction.

Why Therapy is Warranted

Social skills therapy for individuals with cognitive impairments has been discussed in great detail over the last several decades (O'Reilly et al., 2004). There are numerous considerations as to why therapy focusing on social skills is important for individuals with cognitive impairments. One consideration is social competence at work (O'Reilly et al., 2004). Many jobs require the use of social skills on a regular basis for individuals to interact with

coworkers, customers in person or over the phone, bosses, etc. Difficulty with pragmatic skills could lead to fewer job opportunities, job options, and difficulty communicating at work. It is imperative that speech-language pathologists (SLPs) do not overlook this group of individuals and provide them with the therapy needed to be socially competent in the work setting to allow for equal opportunities.

Another consideration is the increasing expectations of social interaction and skills which are needed as individuals reach adolescence. Common skills which may be required to successfully participate in social interactions include making inferences, understanding figurative language, and even being more responsible for the individual's own behavior in social situations (Carter & Hughs, 2005). In order to prevent social isolation, it is the SLP's role to advocate and provide education and assistance for individuals who have difficulty utilizing social skills to communicate (O'Reilly et al., 2004). If individuals do not feel competent and comfortable participating in socialization with others, they may be less likely to initiate and contribute to conversations which could potentially lead to social isolation as time progresses. The ability to communicate with others about thoughts, feelings, wants, and needs leads to a better quality of life (Snell et al., 2010), and these individuals have the right to a good quality of life.

Lastly, intervention for these individuals is associated with better health and a decrease in behavior difficulties (van der Meer et al., 2017). As clients with articulation, fluency, voice disorders, etc. have the right to therapy which helps to promote the best quality of life, these individuals with cognitive impairments also should not be forgotten and have the basic human right to receive therapy (van der Meer et al., 2017).

Research completed by Snell et al. (2010) further supports the necessity of therapy for individuals with cognitive impairments. The researchers involved in this study examined

evidence which proved that communication intervention for individuals with severe disabilities such as Down syndrome or autism spectrum disorder is necessary and beneficial. One hundred and sixteen studies involving this topic were identified and reviewed by the researchers. “In almost all of these studies (95.7%), investigators reported that the intervention was followed by positive and immediate results for most or all participants with severe disabilities” (Snell et al., 2010, p. 374). This study indicated that individuals with severe disabilities are able to gain skills in expressive language and communication by participating in multiple learning opportunities throughout intervention.

Strategies Utilized for Teaching

Many methods of teaching social skills to individuals with cognitive impairments are available to SLPs. One main category for methods of teaching is external control strategies. “External control strategies consist of the following components: (a) a rationale for why the behavior is desirable; (b) an opportunity to observe examples of the behavior (i.e., modeling); (c) an opportunity to role-play the behavior; (d) feedback regarding performance” (O’Reilly et al., 2004, p. 400). One option of intervention under this category determined to be favorable is video-based modeling (VBM); this type of intervention is related to the social learning theory which proposes that learning is a result of individuals observing and imitating actions (Mason, Davis, Ayres, Davis, & Mason, 2016). “VBM is an identified, evidence-based practice for individuals with autism (National Autism Center)” as cited by (Mason et al., 2016, p. 624). Video-based modeling requires individuals to watch a video recording which involves others in the video utilizing the specific social skills being targeted in the session. Following the video, individuals should be given chances to utilize the same target skills that were shown in the video.

Then, SLPs should give the individuals feedback regarding how they utilized the skills that were observed in the video on their own.

Another category related to teaching social skills is problem-solving strategies.

“Individuals are taught a set of verbal rules that are intended to prompt them to: (a) discriminate salient social stimuli (decode); (b) identify alternative social behaviors and identify the most appropriate social behavior for the situation (decide); (c) perform the social behavior (perform); and (d) evaluate the effectiveness of the social behavior once it has been performed (evaluate)” (O’Reilly et al., 2004, p. 400).

Generalization of skills is important to keep in mind with both categories. Researchers have proposed that generalization of skills occurs more frequently when problem-solving strategies are used versus when external control strategies are utilized (O’Reilly et al., 2004). The reasoning for problem-solving strategies allowing greater generalization of skills is that with this strategy, individuals learn several, broad social skills which can be used in many different interactions with various communication partners (O’Reilly et al., 2004). Therefore, there is less of a chance that the individual will feel “stuck” when presented with a social situation that is different than what was role played in therapy with the external control strategy.

Social Stories

Social stories have previously been used to help individuals with ASD to better understand social “rules” which will assist in their interactions (Samuels & Stansfield, 2011). While social stories have been frequently used for individuals with ASD, the stories may also be beneficial for others with cognitive impairments as well such as Fragile X Syndrome. The stories are usually short and may include text and pictures to assist with understanding (Samuels & Stansfield, 2011). In order to maintain interest and attention to the story, it may be beneficial to

have individuals who are in a group therapy setting take turns reading one or two words if possible, and the clinician can assist individuals by sounding words out and encourage clients to track each word with their finger. If clients are not able to read, additional pictures may be utilized, and clinicians may use short sentences to describe the pictures. “Stories may describe who is involved and the sequence of events that needs to occur to successfully navigate a social situation. They may describe the thoughts and feelings of others in the setting” (Samuels & Stansfield, 2011, p. 273). Social stories are discrete and provide advice to individuals regarding potential and expected reactions during social interactions (Samuels & Stansfield, 2011). Topics may range from staying on topic, to dealing with emotions, or even giving compliments to others. The stories have a common theme which involves encouraging individuals reading them to see situations from another person’s perspective.

Intervention

As Neil and Jones (2016) described, deficits in communication begin early in life for individuals with Down syndrome. As these communication difficulties persist into adulthood, individuals may have difficulty with communication in various settings such as at school, work, home, and while interacting with friends and family. When communication skills are affected, safety may be a concern for these individuals, and they may experience difficulty expressing their wants and needs as well as participating in social interactions. Research regarding effective interventions for individuals with Down syndrome is lacking (Neil & Jones, 2016). However, results from studies showed that behavior analytic approaches are favorable to incorporate during therapy for individuals with Down Syndrome, but as aforementioned, additional research is warranted (Neil & Jones, 2016). Prompting and positive reinforcement are two specific components of behavior analysis (Neil & Jones, 2016). Clinicians should consider what kinds of

prompts are needed during specific situations. For example, visual aids such as pictures or slides on a PowerPoint may be helpful for these individuals while having a group discussion and answering questions. Also, it may be beneficial to scaffold for these individuals and provide different options regarding what would be the most appropriate reaction to a specific situation. For example, the clinician could present various options on the slideshow and ask individuals to decide what the most appropriate response would be in a specific social situation. Visual, verbal, and gestural prompts may all be utilized for these individuals, and it is the clinician's job to provide the most appropriate and effective prompts during a therapy activity in an efficient manner. The clinician must be aware of ways to scaffold therapy activities to meet each individuals' unique needs and skills. Scaffolding requires clinicians to create ways to release their clients' responsibility. This way, clinicians can tailor therapy to meet each client's needs to prevent frustration and create the most individualized therapy experience for the client.

Participation during therapy sessions can be ensured by encouraging individuals to complete an action while communicating. For example, nodding "yes" or shaking the head "no" may be utilized for individuals to express either agreements or disagreements with a statement, reaction to a situation, etc. Lastly, positive reinforcement should also be considered while providing helpful feedback, guidance, and motivation to clients with cognitive impairments (Neil & Jones, 2016). Positive reinforcement is important so that clients are able to understand what they did well, and also so they are encouraged not to give up and to keep trying to expand their social skills (Neil & Jones, 2016).

According to Neil and Jones (2016), therapy should incorporate activities of daily living, and the therapy session may take place outside of the therapy room. For example, clinicians may decide to go with clients to a nearby coffee shop to practice ordering their own coffee by using

appropriate greetings and requests and socializing with one another while drinking the coffee.

Topics of conversation may be provided by the clinician. Clinicians should focus on incorporating activities in therapy sessions that will be relevant to clients' activities of daily living and interests. Doing so will promote generalization of skills outside of the therapy session. Neil and Jones (2016) also discovered information regarding the nature of the therapy sessions for individuals with Down syndrome. The researchers stated that the New York State Department of Health Guidelines explain that therapy sessions for individuals with Down syndrome should be somewhat intense in regard to frequency of interventions and opportunities given. As Neil and Jones (2016) described, the therapy sessions in the study conducted by New York State Department of Health Guidelines took place each day, and learning opportunities were given an average of once each minute. The interventions included, "multiple, teacher-led opportunities presented in close proximity with specific prompting procedures, high rates of reinforcement, and error correction procedures" (Neil & Jones, 2016, p. 16). Clinicians may need to edit activities in the moment if the activity is not going as planned, so it is imperative that clinicians are able to problem solve in the moment and actively consider how to make the activity appropriate for the specific clients he or she is working with.

One main focus of intervention for individuals with ASD is social skills due to deficits in social interaction and communication that individuals with ASD may experience (Walton & Ingersoll, 2013). Walton and Ingersoll (2013) quoted Fombonne as saying, "approximately 50-70% of individuals with ASD are also diagnosed with an intellectual disability (ID), and it is estimated that up to 40% of individuals with autism experience ID in the severe to profound range" (p. 594). Unfortunately, there is a lack of research regarding what intervention methods are the most helpful for individuals with ASD and ID. This dearth of research may be due to a

focus on teaching these individuals self-care and vocational skills (Walton & Ingersoll, 2013). Nevertheless, the realization of the importance of providing social skills intervention to these individuals is increasing. It is pertinent for SLPs, teachers, parents, caregivers etc. to remember that social skills intervention can be beneficial for individuals with ASD regardless of the level of one's intellectual function (Walton & Ingersoll, 2013). Walton and Ingersoll (2013) studied numerous interventions such as Video Modeling, peer-mediated interventions, and behavioral interventions. Their findings suggested that while interventions such as peer-mediated and Video-Modeling may be beneficial for some, behavioral interventions provided the greatest empirical support for increasing social skills for these individuals. These behavioral interventions included prompts and reinforcement and were used to practice initiating interactions and responding to someone who is asking for help or responding to someone who is initiating a conversation (Walton & Ingersoll, 2013). These findings are consistent with the conclusions made by Neil and Jones (2016) regarding behavior interventions. Walton and Ingersoll (2013) focused on a more structured environment for providing therapy; however, these researchers did mention that behavioral intervention can be done in both structured and naturalistic settings. It may be helpful to switch up the environments each week; one week therapy may take place in a therapy room, and the next may be at a local restaurant or coffee shop.

As Murza and Nye (2013) described, others with ASD may be diagnosed with high-functioning autism spectrum disorder (HFASD). According to Ratto, Turner-Brown, Rupp, Mesibov, & Penn (2011) and Murza and Nye (2013), as individuals reach adulthood and gain more independence, social interactions may become even more important to them in their daily lives. Therefore, SLPs have a crucial role in making sure these individuals with HFASD are receiving the therapy they need to be able to communicate with various communication partners

in numerous environments. Additionally, SLPs should consider the counseling aspect of their scope of practice with these individuals. The counseling aspect of therapy is important because individuals with high functioning ASD may be more cognizant of their deficits and be afraid of how others will react if they do not respond or act appropriately in social situations (Tse, Strulovitch, Tagalakis, Linyan, & Fombonne, 2007).

Another difficulty that individuals with ASD may have is making inferences (Murza & Nye, 2013). People make inferences every day in multiple contexts, and these inferences may occur during socialization with others, while reading, during a lecture in class, or even while deciding what to wear for a particular day or event (Murza & Nye, 2013). Inferencing is an important skill for people of all ages in settings such as school, work, social events, and extracurricular activities. Therefore, this skill should also be a target of therapy for individuals with ASD. Some ways that this could be targeted in therapy include reading facial expressions to make an inference regarding someone's emotions, practicing utilizing follow-up questions and comments, code-switching, or even practicing understanding sarcasm.

Empathy can also be difficult for individuals with ASD due to deficits in describing and identifying emotions of others (Koegel, Ashbaugh, Navab, & Koegel, 2016). If it is difficult to find ways to discover how someone is feeling, it may also be challenging to determine how to respond to someone in an empathetic way when needed. Creating meaningful friendships may be hard for them as expressing a caring and attentive persona is usually an important aspect of a reciprocal friendship. As a result, individuals with ASD may benefit from working on this skill in therapy with an SLP. Koegel et al. (2016) researched methods for teaching skills which increase empathy. Their results showed that all three participants in the study demonstrated improvements in skills related to empathy during communication by utilizing empathetic

listening statements and empathetic questions after intervention, both of which demonstrated that the participant was actively engaged, interested, and cared about what the conversation partner was saying. Intervention included various teaching strategies such as a visual framework and video feedback. A visual framework included three boxes which served as a guide to prompt individuals in responding to various emotional statements by either using a relevant statement to express understanding or asking a question to keep the conversation going and express interest (2016).

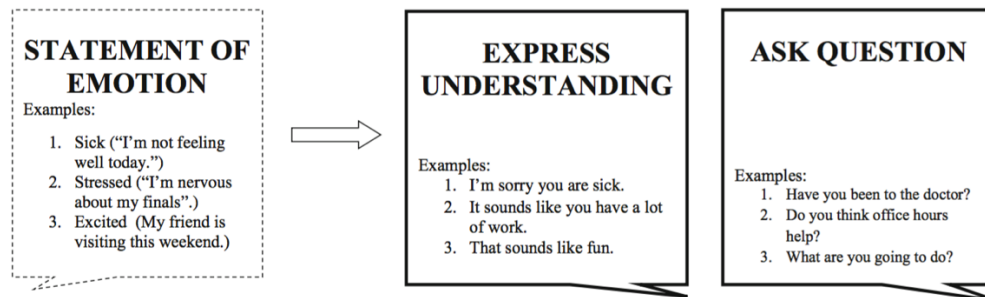


Figure 1. Visual framework used in intervention procedures. The figure illustrates examples of ways to respond to emotional statements. Adapted from *Journal of Autism and Developmental Disorders*. Copyright 2016 by Koegel et al.

Video feedback was given each week as well. Participants were able to watch both positive and negative examples of communication exchanges which they used during previous weeks of therapy (Koegel et al., 2016). When positive communication skills to demonstrate empathy were displayed during videos, participants were given verbal praise by clinicians. During instances when these skills were not used, participants were encouraged to use the visual schematic (Figure 1) to reflect on three statements which would be appropriate to respond with and questions to ask as well. By the end of the study, all participants improved in their ability to utilize empathetic listening statements during conversation.

Individuals with Fragile X Syndrome may also benefit from therapy with an SLP which involves social skill instruction. These individuals may have difficulty with pragmatic skills such as turn taking, staying on topic, and managing conversation breakdowns, all of which are important to address in this type of therapy (Abbeduto & Hagerman, 1997). Therefore, explicit instruction from a qualified SLP may be beneficial to increase awareness of these pragmatic skills utilized in communication. Deficits in speech, language, cognition, and social-emotional impairments may all lead to deficits in communication for these individuals (Abbeduto & Hagerman, 1997); therefore, additional areas besides social skills should be addressed in therapy with a speech-language pathologist. Speaking rate is an aspect which may be affected, particularly among males with Fragile X Syndrome as their speaking rate may include random alternations from fast to slow speech (Abbeduto & Hagerman, 1997). Therefore, speaking rate could be targeted in therapy with these individuals as well. While clients are speaking, SLPs could utilize a pacing board to assist with using an appropriate pace. Also, a visual meter could be used to visually prompt the clients to either slow down or try to talk faster while speaking.

Research has found that males with Fragile X Syndrome in particular appear to display frequent perseverations while communicating (Abbeduto & Hagerman, 1997). Frequent perseverations may also affect an individual's ability to successfully respond and contribute to meaningful conversations; therefore, therapy with an SLP is warranted to address these perseverations. Additionally, researchers have discovered that the perseverations which individuals with Fragile X display may have co-occurring behavioral factors to consider such as anxiety and social avoidance (Abbeduto & Hagerman, 1997). Behaviors related to anxiety may include self-stimulation such as hand flapping, and social avoidance which may take many forms such as avoiding eye contact, not facing the communication partner, or avoiding social events

(Abbeduto & Hagerman, 1997). These behaviors can be addressed in therapy by encouraging clients to identify and explain how they are feeling when they appear anxious. SLPs can use social stories to provide clients with terminology regarding emotions, discuss ways to deal with them, and reflect on the outcomes and consequences of various behaviors. Various games and activities can also be used to discuss social scenarios and emotions as well.

Conclusion

Social skills intervention is pertinent for individuals with cognitive impairments for many reasons. First, it is important that these individuals are able to communicate with family, friends, and others in their environment to avoid social isolation (O'Reilly et al., 2004). Preventing social isolation will promote a better quality of life for individuals with cognitive impairments who have difficulty utilizing social skills during conversation. Social skills are also used frequently in the work setting with supervisors, bosses, clients, customers, etc. (O'Reilly et al., 2004). Therefore, SLPs have an essential role in providing therapy for individuals with cognitive impairments so that they are able to effectively and efficiently communicate with various individuals at work and complete the daily tasks which are required of them, further leading to a better quality of life.

Individuals with cognitive impairments have the right to communicate and to socialize with conversation partners outside of work as well. Social skills therapy may be beneficial for them to help them feel more confident socializing with their peers as expectations begin to grow for social skills during adolescence and adulthood (Carter & Hughs, 2005). There are various methods for teaching social skills to individuals with cognitive impairments as utilizing social stories, video-based modeling, and problem-solving strategies. It is important for clinicians to recognize that each client is different and will require individualized treatment strategies and

plans based on the client's strengths and weakness. Overall, it is pertinent to remember that these individuals have the right to a voice for communication and to be provided therapy for social skills which may promote effective communication in their daily lives, leading to a better quality of life.

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